Playful Approaches to Serious Problems

Jennifer Freeman, David Epston and Dean Lobovits. New York, NY: W. W. Norton; 1997. 321p. CA \$45.00.

This book proved to be an interesting read. The stories of the children tackling their various problems offer a refreshing view into the mind of the children involved as well as the thoughts of the family. The solutions to these problems were also a breath of fresh air with a lack of psychobabble and massive terms that made the book an easy enough read for parents to tackle it easily.

The topics ranged from temper problems to eating disorders to cutting and all are written in an informed way. The main focus of the book is using a family's resources to solve a particular problem rather than relying on multiple therapy sessions and medication. This way, the family can bring their solutions home, in turn, more efficiently tacking the particular problem.

By using the narrative therapy approach, the problem is externalized and is a separate entity from the child. Playful, yet descriptive, names are given to the problem such as "The Temper", "The Grumpies", "The Itch", "Sneaky Poo", etcetera which provides a way for children and adults alike to see that the child is not the cause of the problem. By separate problem and child, the therapist encourages the child to find ways to overcome the problem. Ways for the child to tackle the problem may be to "spy" on it, or make a game out of defeating it.

Freeman, Epston, and Lobovits all contribute their own stories of patients to this book. Some of the therapy techniques may seem questionable at times (e.g. Epston's excessive use of letters to patients could be seen as questionable), however, through this playfulness and humor successes are made.

The stories of the children bring a particular charm to the quality of the book. Their own ideas about what is affecting them offer much more insight than one might realize. The book speaks wonderfully through the children and families. This allows the reader to see that problem solving is not a solid process; it is a creative process that demands imagination, originality and of, course, the enthusiastic co-operation of the child.

The success of this narrative therapy, in my opinion, lies in the ability to define a complex problem in simple and creative ways. This, in turn, allows children to see the problem outside themselves and understand how it affects those around them - while keeping the blame factor out. Also, it gives parents and caretakers the information they need, hence they do not get caught up in relative terms that mean nothing to them. This approach seems to provide parents and children with a way to talk about the problem without using disturbing terms like "disease" and "disorder". It is as if the problem itself becomes an accepted member of the family that attends therapy as well. At times, it may seem a little unconventional - however, the key to this type of therapy is to keep the seriousness of the situation out of focus and bring creativity in as the main problem solver. It almost seems to make solving problems fun to the child as well as to their families, no doubt bringing the family as a whole closer together.

For the sake of criticism, some question should be brought to some of these approaches in that not all patients may react the same way as the successes of this book. Also, this book showed no record of failure involving the therapy, which surely there must have been at some point. There is no mention of complications or barriers once therapy has begun and the problem established. There was nothing about relapses or perhaps side effects contained in the book as well. There are, however, words of caution (e.g. using the manifestation of a "monster" to explain a problem), leading one to believe things did not go as smoothly as the account in the book.

Regardless, the book itself was written in a stimulating and enchanting style.

Children of all ages are included in the book as well as different types of parents and caretakers. It explored a wide variety of troubles found in children and families and offered refreshing ways to deal with them in light of many different situations. The way in which the book is presented provides many helpful ways to understand the psyche of the children and the dynamics of children within the family system. The book is recommended as an easy enjoyable introduction to the narrative therapy method with children and families but the lack of information about evaluation, difficulties or cautions about inappropriate use means there is much more to be learned about this topic for the future.

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Attachment Issues In Psychopathology and Intervention

Leslie Atkinson and Susan Goldberg editors. Mahwah, NJ: Lawrence Erbaum Associates; 2004. 289p. US \$45.00

Leslie Atkinson from the Centre for Addiction and Mental Health and Susan Goldberg from the Hospital for Sick Children have edited a ten chaptered book divided equally into psychopathology and intervention. In their overview chapter, they traced the history of Bowlby and Ainsworth's differing but complimentary traditions of clinical observation and normative mother-child interactions that have formed the two contrasting, complimentary and, at times, polarized models of attachment theory. They reviewed the literature on the clinical implications of attachment, which only dates back to the late 1980s, and reviewed the classical texts of Belsky and Nezworski "Clinical Implications of Attachment", Atkinson and Sukor 1997 "Attachment and Psychopathology" and later works as a prelude to their own volume.

Egland and Carlson, writing on attachment and psychopathology, presented data that "elucidates the continuum of development from infancy to adolescent and the contextual factors that disrupt that continuity". They placed attachment as part of the "network of influences" including genetic, physiological, psychological and environmental that are involved in child development. Similarly Benoit and Colbert in chapter 3 developed a multi-factorial and contextual view of disorders of attachment. The authors argued for probabilistic rather than deterministic outcomes. Lyons-Ruth et al (chap.4) and Hilburn-Cobb (chap.5) placed attachment systems within the matrix of other goal directed behavioural systems. They pointed out "most interactions as being between child and parent even in infancy do not involve the attachment system" and operate parallel to other behavioural control systems such as affiliation, sexuality, care giving, subordination, or submission and dominance. To "render the confound manageable" they postulate the protective function of attachment as the preemptive distress-regulating behavioural system. Thus they argued that by looking at clinical applications of an individual's diathesis under stress, one can better tease apart the underlying role of attachment.

The clinical chapters ranged from general to specific clinical applications and contained additional limited case material. Koback and Aposito described various internal working models of attachment strategies, open communication states of mind and reflective functioning in their chapter on levels of processing in parent/child relationships. By reviewing two decades of research, they conclude that the processing of attachment information happens at multiple levels.

A number of chapters by different authors illustrated the pervasive influence of attachment in both patients and interventions. In Dosier and Bates review of the attachment state of mind and the treatment relationship between client and clinician, they presented research data demonstrating that even these interactions are a reflection of the attachment relationship. Slade described two clinical cases from a psychodynamic

perspective and integrated this with attachment theory. Johnston argued for the creation of secure attachment in "emotionally focused couples therapy" for Post-Traumatic Stress Disorder. They drew on the two definitions of attachment as a tie or proximity bond (Ainsworth) and a protective and distress-regulating system (Barbe) to illustrate how couples work can be "informed" by attachment theory.

Cicchetti Toth and Rogosch illustrated the impact of attachment difficulties as they concluded the book with their investigation of depressed mothers who came from relatively privileged psychosocial backgrounds. The intervention with these mothers was reported to be the first to show modification "in attachment security". In addition, the authors isolated the relative effects of an attachment informed therapy, differentiating attachment from other etiological factors, on the toddler-parent relationship. This was a most convincing clinical chapter.

This book would have benefited from a bibliography of the main contributors. Whilst well referenced I could find no mention of the important work of David Olds on nurse/family partnership (NFP) program interventions for disadvantaged first time mothers which has been show to be effective in prevention of physical abuse and neglect through the forming of therapeutic relationship with nurses pre-natally up to the child's second birthday with long term benefits evident at fifteen years follow-up. The NFP theoretical model is based on self-efficacy, attachment and human ecology theory.

This book was a stimulating read and I recommend it as a useful addition to residents specializing in child psychiatry and other related post-graduate disciplines.

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Cases of Conduct Disorder and Juvenile Delinquency Benjamin B Lahey, Terrie Moffitt, Avshalom Caspi editors. New York, NY: Guilford Press; 2003. 476p. US \$45.00

The stated aim of this text is "to make significant progress toward an understanding of the causes of conduct disorder and serious juvenile delinquency." As stated in the preface "a great deal is known about the correlates of serious conduct problems but we have made much less progress toward understanding their causes." As an edited text, it brings together contributions from the key researchers in various aspects of the field from across the United States along with chapters by Michael Rutter of the UK and Richard Tremblay of Canada. Each contributor was to advance an explicit disconfirmable causal hypotheses and to provide specific descriptions of the crucial studies needed to disconfirm the hypotheses. After reviewing the research and strengths and weaknesses of the studies, each author concludes with a discussion of the hypotheses and needed future research. While some of the reviews are dull and pedantic, they also help the reader develop a more critical eye.

Rutter's opening chapter asks, "Why aren't the causes of anti-social behaviour already well understood?" and proceeds to examine several possible answers including: failure to incorporate the range of different causal questions; and weak concepts and measures of putative mediating mechanisms. He ends with a set of logical suggestions and possible ways forward. A key and central point is that as with other areas in biology and medicine, this multi-factorial multi-step causation can be reduced to a limited set of causal mechanisms.

"General and Integrative Causal Models" examined the three well-publicized models of causation of anti-social disorder: the social learning model; the life-course-persistent and adolescence-limited model; and the development propensity model – each with a separate chapter. A fourth chapter discussed a less coherent model of social and community influences on crime, and pathways to criminality. These would likely be the most interesting chapters to clinicians since they both expand on what most clinicians already know and accord very well with clinical observations. The chapter on the life-course-persistent and adolescence-limited model contained a significant reminder to clinicians who are frustrated with conduct and anti-social behavior. The prognosis by and large is good and that is one of the best arguments for the value of continued clinical intervention.

The eight chapters in "Targeted and Causal Models" examine the details of hypothesized factors including: experience during the pre-school period, cognitive factors, genetic, environmental, and biological influences. The section concludes with a chapter on "Animal Models of the Causes of Aggression".

Biological factors are central in the important chapter on "Prefrontal Deficits and Anti-Social Behaviour". Prefrontal deficits are reflected largely through executive dysfunction, although abnormalities in other neural pathways may also be contributors. Executive dysfunction leads to anti-social or aggressive behaviour by decreasing behavioural inhibition, and impairing one's ability to generate socially acceptable responses in challenging situations. The author reviewed evidence from head injury lesions through to neural imaging, in a search for causation mechanisms. For instance, the orbito-frontal cortex is involved in angry affect and dorso-lateral pre-frontal cortex is thought to play a role in maintenance of recidivistic anti-social behavior, which could be regarded as preservative behavior, and in the circuitry of aversive conditioning. Orbito-frontal cortex is also involved in fear conditioning. In this way, prefrontal dysfunction may account for the poor autonomic responses seen in anti-social youth, and would make them less susceptible to socializing punishment. A second developmental model of causation is also via the prefrontal cortex and hypothesizes that for the life-course-persistent anti-social behavior there is an interaction of early health and family environment risk factors (head injury, parental toxins, A.D.H.D., genetically delayed frontal maturation, etc.) that may lead to a disruption of the socialization process and immaturity of the frontal gray and white matter.

Overall, the book is very comprehensive, thoughtful, and systematically presented. It is mainly suitable for researchers and graduate students, but would also be of strong interest to clinicians working with children and adolescence with Conduct Disorder and anti-social behaviour in clinical and court setting, both as a reference resource, and as a guide to the significant primary works in the field.

It is a solid work that I would strongly recommend.

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